Foster Family Home - Corrective Action Report

Provider ID: 1-509961

Home Name: Welma Abanto, CNA Review ID: 1-509961-3

94-1048 Awalai Street Reviewer:

Waipahu HI 96797 Begin Date: 8/25/2015 End Date: 9/10/2015

Foster Family Home Required Certificate [17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6 (d)(1) Requirements at the time of the home visit. No corrective action required. Home is eligible for a 2 year 3-bed certification.

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Date